

DRILLING COMPLETION REPORT

Document Number:
400951048

Date Received:

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary completion

OGCC Operator Number: 10459 Contact Name: Kaleb Roush
 Name of Operator: EXTRACTION OIL & GAS LLC Phone: (720) 557-8322
 Address: 370 17TH STREET SUITE 5300 Fax: _____
 City: DENVER State: CO Zip: 80202

API Number 05-123-41518-00 County: WELD
 Well Name: Fairview Well Number: 7
 Location: QtrQtr: NWSW Section: 5 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Distance: 1855 feet Direction: FSL Distance: 362 feet Direction: FWL
 As Drilled Latitude: 40.165768 As Drilled Longitude: -105.035269

GPS Data:
 Date of Measurement: 03/01/2016 PDOP Reading: 2.3 GPS Instrument Operator's Name: Daniel Rexford

** If directional footage at Top of Prod. Zone Dist.: 1318 feet. Direction: FSL Dist.: 2151 feet. Direction: FWL
 Sec: 4 Twp: 2N Rng: 68W

** If directional footage at Bottom Hole Dist.: 1318 feet. Direction: FSL Dist.: 2151 feet. Direction: FWL
 Sec: 4 Twp: 2N Rng: 68W

Field Name: WATTENBERG Field Number: 90750
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 12/09/2015 Date TD: 01/08/2016 Date Casing Set or D&A: 01/08/2016
 Rig Release Date: 12/16/2016 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 14710 TVD** 7559 Plug Back Total Depth MD 12691 TVD** 7422

Elevations GR 7946 KB 7966 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
 All logs are attached to the -01 wellbore as this well was sidetracked.

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	42	0	80	100	0	80	VISU
SURF	13+1/2	9+5/8	36	0	1,568	847	0	1,568	VISU
OPEN HOLE	7+7/8			0	14,710				CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,473		NO	NO	
SUSSEX	4,043		NO	NO	
SHANNON	4,473		NO	NO	
SHARON SPRINGS	7,060		NO	NO	
NIOBRARA	7,158		NO	NO	
FORT HAYS	7,660		NO	NO	
CODELL	7,947		NO	NO	

Comment:

Combination open hole logs were run on the Fairview 2 (05-123-41666) for the Fairview pad.

We had trouble on the Fairview 7 as we hit a fault while drilling the lateral. We performed an open hole sidetrack of this well so that we could place this well in the correct spot. We sidetracked the original wellbore at 12691' MD and then drilled to TD.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Kaleb Roush

Title: Engineering Technician

Date: _____

Email: kroush@extractionog.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
401000566	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400998112	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400998113	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)